Form **5500-EZ**

Annual Return of One-Participant (Owners and Their Spouses) Retirement Plan This form is required to be filed under

Department of the Treasury Internal Revenue Service Please type or print section 6058(a) of the Internal Revenue Code.

► See separate instructions.

OMB No. 1545-0956

to Public Inspection

				nd end				, 19	
		urn is: (i) \(\square\) the first return filed (ii) \(\square\) an amended return (iii) \(\square\) the final return				ın year (
Che	ck I	nere if you filed an extension of time to file and attach a copy of the approved ext							▶ □
Use II	RS	1a Name of employer	1b	b Employer identification number					
label. Other wise,		Number, street, and room or suite no. (If a P.O. box, see instructions for line 1a.)	1c Telephone number of employer						
pleas		O'L - L - L - TIP - L		Busines	ss acti	vity cod	le		
type of	or	City or town, state, and ZIP code	1e If plan year I						
		le				nas char here .			ist
	le	the employer also the plan administrator? Yes No (If "No," see instructions.)							
				Month	Date plan first became effective Month Day Year				
2b 	(i)	(I) Name or plan			Enter three-digit				
	(ii)	☐ Check if name of plan has changed since last return	plan number ►						
			ov nu	•			soo in	etructio	
3	Type of plan: a Defined benefit pension plan (attach Schedule B (Form 5500)) b Money purchase pension plan (see instructions) c Profit-sharing plan d Stock bonus plan e ESOP plan (attach Schedule E (Form 5500))								
4a		his is a master/prototype, or regional prototype plan, enter the opinion/notification letter nur							
b		has is a master/prototype, or regional prototype plan, enter the opinior/notineation retter har neck if this plan covers: (i) \square Self-employed individuals, (ii) \square Partner(s) in a partnership			1009	% owne	r of co	rporat	ion
5a		ter the number of qualified pension benefit plans maintained by the employer (including this							
b	Ch	neck here if you have more than one plan and the total assets of all plans are more than \$10	00,000) (see ir	struct	ions) .		. •	▶ □
6	En	ter the number of participants in each category listed below:					Num	ber	
а		der age 59½ at the end of the plan year				6a			
b		e 59% or older at the end of the plan year, but under age 70% at the beginning of the plan				6b			
C	Αg	e 70½ or older at the beginning of the plan year				6c			
7a	(i)	Is this a fully insured pension plan which is funded entirely by insurance or annuity contract	cts?	▶		Yes		No	
	If "Yes," complete lines 7a(ii) through 7f and skip lines 7g through 9d.								0
	(ii) If 7a(i) is "Yes," are the insurance contracts held:								
b		ish contributions received by the plan for this plan year				7b			
c		oncash contributions received by the plan for this plan year			•	7c 7d			
d		tal plan distributions to participants or beneficiaries			•	7u 7e			
e		tal nontaxable plan distributions to participants or beneficiaries			•	7f			
ı		ansfers to other plans			•	7g			
g h		an expenses other than distributions				7h			
8a		tal plan assets at the end of the year				8a			
b		tal plan liabilities at the end of the year				8b			
9		neck "Yes" and enter amount involved if any of the following transactions took place between							
,		d a disqualified person during this plan year. Otherwise, check "No."	ii tiic		Yes	No	Aı	mount	
а		le, exchange, or lease of property		9a					
b		yment by the plan for services		9b					
С	Ac	quisition or holding of employer securities		9с					
d	Lo	an or extension of credit		9d					
	lf '	10a is "No," do not complete line 10b and line 10c. See the specific instructions for line 10b	and	line 10c	:.			Yes	No
10a		ses your business have any employees other than you and your spouse (and your partners a			-	. ▶	10a		
b		tal number of employees (including you and your spouse and your partners and their spous							
<u>C</u>	Do	ses this plan meet the coverage requirements of Code section 410(b)?	•	<u></u>	•	<u> ▶</u>	10c		
11a	Di	d the plan distribute any annuity contracts this plan year?				▶	11a		
b	During this plan year, did the plan make distributions to a married participant in a form other than a qualified joint and								
	survivor annuity or were any distributions on account of the death of a married participant made to beneficiaries other					116			
С	than the spouse of that participant?						11b 11c		
Under	pei	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return,	includ	ing acco	npanyi	ng sched		ıd state	ments.
and to	the	e best of my knowledge and belief, it is true, correct, and complete.		-	. ,	-			

Signature of employer (owner) or plan administrator ▶